

EXHIBIT B

CLARICOM NETWORKS, INC. REINSTATEMENT FILINGS

Form **BCA-12.45/**
13.60

(Rev. Jan. 1999)

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
<http://www.sos.state.il.us>

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

APPLICATION FOR REINSTATEMENT
of
DOMESTIC OR FOREIGN CORPORATIONS

File #

This space for use by Secretary of State

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date

Filing Fee \$ 100.00

Approved:

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:

CLARICOM NETWORKS, INC.

- (b) Corporate name as changed: _____

(Note 1)

- (c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: _____

(Note 2)

2. State of incorporation: DELAWARE

3. Date that the certificate of dissolution or revocation was issued: JANUARY 3, 2000

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.

Registered Agent

CT CORPORATION SYSTEM

First Name

Middle Name

Last Name

Registered Office

208 SOUTH LASALLE STREET

Number

Street

Suite # (A P.O. Box alone is not acceptable)

CHICAGO, IL

60604

City

ZIP Code

County

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required.

6. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated MAY 21 2002
(Month & Day) (Year)

CLARICOM NETWORKS, INC.
(Exact Name of Corporation)

attested by [Signature]
(Signature of Secretary or Assistant Secretary)

by [Signature]
(Signature of President or Vice President)

EVA M. KALAWSKI SECRETARY
(Type or Print Name and Title)

WILLIAM M. FOLTZ, JR. VICE PRES.
(Type or Print Name and Title)

9. The amounts stated in parts (a) through (e) below are given for the twelve month period ending DECEMBER 31, 1998

The value of the property (gross assets)

- (a) owned by the corporation, wherever located, was.....(a) \$ NONE
(b) of the corporation located within the state of Illinois was.....(b) \$ NONE

The gross amount of business transacted by the corporation

- (c) everywhere for the above period was(c) \$ 9,198,820
(d) at or from places of business in Illinois for the above period was.....(d) \$ NONE

Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period. (If necessary, attach a second sheet.)

ALLOCATION FACTOR $+\frac{b+d}{a+c} = \frac{0}{0}$ (6 decimal places)

(Write this figure on line 11b below.)

10. (a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois:
(b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing To Item 11.

11. ANNUAL FRANCHISE TAX AND FEES

(a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.)	a.	
(b.) ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)	b.	
(c.) ILLINOIS CAPITAL (Multiply line (a.) by Line (b.))	c.	
(d1.) Multiply line (c.) by .001 (Round to nearest cent)	d1.	
(d2.) ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	d2.	
(e1.) If Annual Report is late, multiply line(d2.) by .10	e1.	
(e2.) If Annual Franchise Tax is late, multiply line (d2.) by .01 for each month late or part thereof (minimum \$1.00)	e2.	
(e3.) INTEREST & PENALTIES (Add line (e1.) and line (e2.)	e3.	
(f.) ANNUAL REPORT FILING FEE (\$25)	f.	+ 25.00
(g.) TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.)	g.	

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.

IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

YEAR OF **2000**
File Prior to:

STATE OF ILLINOIS
FOREIGN CORPORATION ANNUAL REPORT
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE NO. **59022431**

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6, or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

CLARICOM NETWORKS, INC.
% CT CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

COUNTY

3a.) State or Country of incorporation: **DELAWARE**

3b.) Date Qualified To Do Business in IL:

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
President	EVA M. KALAWSKI	2049 CENTURY PARK EAST, SUITE 2700	LOS ANGELES, CA		90067
Secretary	EVA M. KALAWSKI	2049 CENTURY PARK EAST, SUITE 2700	LOS ANGELES, CA		90067
Treasurer	ROBERT J. JOUBRAN	2049 CENTURY PARK EAST, SUITE 2700	LOS ANGELES, CA		90067
Director					
Director					
Director					

5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box.

☐ Minority Owned

☐ Female Owned

6.) Number of shares authorized and issued (as of **MAY 31, 2000**):

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON	N/A	\$0.01	3,000	1,000

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of **MAY 31, 2000** is: \$ **1,000**

7b.) The Paid-in Capital on record with the Secretary of State is: \$ **1,000**

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)



8.) By **Walter New** **ASST. TREASURER** **5/21/02**
(Any Authorized Officer's Signature) (Title) (Date)

RETURN TO:

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT **EVA M. KALAWSKI** **2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067**
SECRETARY **ROBERT J. JOUBRAN** **2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA 90067**

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

59022431
File No.

PRESIDENT	EVA M. KALAWSKI	2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA	90067
	NAME	STREET ADDRESS	ZIP CODE
SECRETARY	ROBERT J. JOUBRAN	2049 CENTURY PARK EAST, SUITE 2700, LOS ANGELES, CA	90067
	NAME	STREET ADDRESS	ZIP CODE

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(a) owned by the corporation, wherever located, was.....(a) \$ NONE
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The gross amount of business transacted by the corporation

(c) everywhere for the above period was(c) \$ 9,198,820
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Give the location of the principal places of business of the corporation in each state where authorized to transact business and the gross amount of business transacted in each state for the above period. (If necessary, attach a second sheet.)

ALLOCATION FACTOR $+\frac{b+d}{a+c} = \frac{0}{0} = 0$
 (6 decimal places)

(Write this figure on line 11b below.)

10. (a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois.
 (b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing To Item 11.

11. ANNUAL FRANCHISE TAX AND FEES

(a.) Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.).....	a.	
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YEAR OF 2001
File Prior to:

STATE OF ILLINOIS
FOREIGN CORPORATION ANNUAL REPORT

CORPORATION FILE NO. 59022431

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

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Director					
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8.) By

Muel Naud
(Any Authorized Officer's Signature)

ASSIT. TREAS.
(Title)

5/21/02
(Date)

RETURN TO:

Jesse White
Secretary of State
Department of Business Services
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